

FACSIMILE COVER SHEET

Licata & Tyrrell P.C.

66 E. Main Street
Marlton, New Jersey

Tel: (856) 310-1515
Fax: (856) 310-1454

September 18, 2003

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TO: Examiner Ungar (TC1600)

GROUP: 1642

FAX NUMBER: 703-872-9307

ATTORNEY DOCKET NO.: DEX-0079

SERIAL NO.: 09/622,776

FILED: August 23, 2000

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MESSAGE: Attached please find Amendment Transmittal Letter (in duplicate); Reply under 37 C.F.R. 1.111 dated June 18, 2003; and Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350

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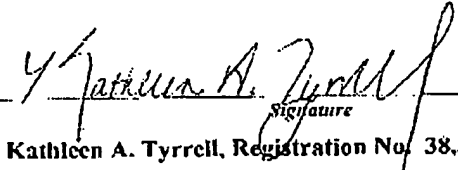
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. DEX-0079
Applicant(s): Burezak et al.			
Serial No. 09/622,776	Filing Date August 23, 2000	Examiner Susan Ungar	Group Art Unit 1642
Invention: Methods of Using PLA2 as a Marker of Metastases and for the Diagnosis of Selected Cancers			
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I hereby certify that this <u>Reply under 37 C.F.R. 1.111</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9307)			
on <u>September 18, 2003</u> (Date)			
<u>Kathleen A. Tyrrell</u> (Typed or Printed Name of Person Signing Certificate)			
<u>Kathleen A. Tyrrell</u> (Signature)			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DEX-0079	
Applicant(s): Burczak et al.					
Serial No. 09/622,776	Filing Date August 23, 2000	Examiner Susan Ungar		Group Art Unit 1642	
Invention: Methods of Using PLA2 as a Marker of Metastases and for the Diagnosis of Selected Cancers					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	3 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Kathleen A. Tyrrell, Registration No. 38,350			Dated: September 18, 2003		
LICATA & TYRRELL P.C. 66 East Main Street Marlton, New Jersey 08053 Tel: 856-810-1515 Fax: 856-810-1454			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. _____ <i>Signature of Person Mailing Correspondence</i> _____ <i>Typed or Printed Name of Person Mailing Correspondence</i>		
CC:					